

REMARKS:

Reconsideration of the rejections set forth in the Final Office Action mailed May 2, 2007 and entry of the present amendment is requested because Applicant respectfully submits that the Amendment places the application in condition for allowance or in better form for consideration on appeal. Claims 1-14, 23-31, and 33-34 are currently pending.

In response to the Final Office Action, claims 1, 7, 12, 23, and 29 have been amended, claim 32 has been canceled without prejudice, and claim 34 has been added. No new matter has been introduced as the amendments are fully supported by the original disclosure, e.g., in FIGS. 4 and 6B.

In the Final Office Action, claims 1, 7, 8, and 12 were objected to, and the drawings were objected to. In addition, claims 1, 7, 11, 13, 23-31, and 33 were rejected under 35 U.S.C. § 102(b) as anticipated by U.S. Publication No. US 2003/ 0050684 (“the Abrams et al. reference”), and claims 2-6, 8, 9, 12, and 14 were rejected under 35 U.S.C. § 103(a) as unpatentable over the Abrams et al. reference, claim 10 was rejected under 35 U.S.C. § 103(a) as unpatentable over the Abrams et al. reference in view of U.S. Patent No. 6,524,323 (“the Nash et al. reference”), claim 15 was rejected under 35 U.S.C. § 103(a) as unpatentable over the Abrams et al. reference in view of U.S. Patent No. 5,702,418 (“the Ravenscroft reference”), and claim 32 was rejected under 35 U.S.C. § 103(a) as unpatentable over the Abrams et al. reference in view of U.S. Patent No. 5,653,748 (“the Strecker reference”). Because none of the cited references, either alone or in combination, discloses, teaches, or suggests the subject matter of the present claims, the rejections should be withdrawn.

With respect to the objection to the drawings, claim 32 has been canceled without prejudice. Therefore, the objection to the drawings should be withdrawn.

Turning to the objections to the claims, claim 1 has been amended to recite that the ostial locator includes “a distal region that assumes an expanded configuration when extended from the distal end of the sheath such that the distal region partially encircles and is spaced apart from an interventional device when the sheath is affixed thereto.” Thus, claim 1 does not affirmatively claim the interventional device, but merely defines the structure of the ostial locator in the expanded configuration. In contrast, claim 12 has been amended to clarify that the interventional device is being affirmatively claimed. Claim 7 has been amended to recite that the expanded configuration has a diameter *sized to be* larger than a diameter of the ostium of the branch vessel. Finally, claim 29 has also been amended to clarify that the interventional device is not being affirmatively claimed. Accordingly, the objections to the claims should be withdrawn.

Turning to the § 102(b) rejections, the Abrams et al. reference discloses a restraint for delivering a self-expanding stent. As shown in FIG. 1, a delivery system 10 is disclosed that includes a catheter 12 including a retaining wire 24 that is coiled about a stent 34 to retain the stent 34 in a reduced profile configuration. Paragraphs [0040]-[0043]. When a pull back wire 16 is drawn proximally, the retaining wire 24 is retracted from about the stent 34 and into a lumen 14 of the catheter 12. Paragraph [0044]. Once the wire 24 is withdrawn from around the stent 34, the stent 34 is allowed to fully expand, i.e., because the stent 34 is self-expanding. Paragraph [0044].

Turning to the present claims, claim 1 recites an apparatus for locating an interventional device relative to the ostium of a branch vessel that includes a sheath having proximal and distal

ends, and a lumen extending therebetween, the sheath adapted to be affixed to an interventional device; and an ostial locator wire slidably disposed within the sheath, the ostial locator wire having a distal region that assumes an expanded configuration when extended from the distal end of the sheath such that the distal region partially encircles and is spaced apart from an interventional device when the sheath is affixed thereto and a linear configuration when retracted into the lumen, the sheath being advanceable with the distal region in the expanded configuration to position the interventional device relative to the ostium, the ostial locator wire and sheath being removable after positioning the interventional device.

The Abrams et al. reference fails to disclose, teach, or suggest an ostial locator wire that assumes an expanded configuration when extended from the distal end of the sheath such that the distal region partially encircles and *is spaced apart from an interventional device* when the sheath is affixed thereto. In contrast, the Abrams et al. reference merely discloses a retaining wire that is disposed around a self-expanding stent to prevent the stent from expanding until the wire is retracted. Thus, the Abrams et al. retaining wire necessarily must contact the stent to prevent the stent from expanding prematurely, and therefore is never spaced apart from the stent. Because the retaining wire cannot be spaced apart from the stent without deploying the stent, the Abrams et al. reference actually teaches against an ostial locator wire, as claimed. Accordingly, claim 1 and its dependent claims are neither anticipated by nor otherwise obvious over the Abrams et al. reference.

Because none of the other cited references discloses, teaches, or suggests such an ostial locator wire, claim 1 and its dependent claims are not obvious even if the Abrams et al. reference were somehow properly combined with the other cited references.

For similar reasons, claim 23 is also neither anticipated by nor otherwise obvious over the cited references. Claim 23 recites an apparatus that includes an ostial locator having a distal region that assumes an expanded configuration when extended from the distal end of the sheath and partially encircles *and is spaced apart from* a stent. As explained above, neither the Abrams et al. reference nor the other cited references discloses, teaches, or suggests an ostial locator that assumes an expanded configuration that partially encircles and is spaced apart from a stent, as claimed.

Finally, turning to claim 29, an apparatus is recited for locating an interventional device relative to the ostium of a branch vessel that includes a sheath having proximal and distal ends, and a lumen extending therebetween; and an ostial locator extendable from the lumen of the sheath, the ostial locator comprising a distal region that assumes an expanded configuration when extended from the distal end of the sheath such that the distal region partially encircles an interventional device disposed beyond the sheath distal end, the distal region assuming a shape in the expanded configuration that is flattened out when the sheath is advanced into an ostium, thereby providing tactile feedback regarding the position of the distal region.

The Abrams et al. reference does not teach or suggest a locator wire including a distal region that assumes a shape in the expanded configuration *that is flattened out* when the sheath is advanced into an ostium. Instead, as explained above, the Abrams et al. reference merely discloses a retaining wire that must remain around a self-expanding stent to prevent premature deployment of the stent. If the Abrams et al. retaining wire were somehow flattened while disposed around a stent, it would no longer prevent expansion of the stent, which would risk at least partial deployment of the stent. Instead, the Abrams et al. reference discloses that the

retaining wire remains around the stent until the stent is disposed at a target delivery site, whereupon, the wire is retracted to allow the stent to expand at the site. Further, the Abrams et al. reference does not disclose, teach, or suggest an ostial locator that assumes an expanded configuration when extended from the distal end of the sheath. Instead, the retaining wire of the Abrams et al. reference is only retractable into a catheter. The Abrams et al. reference fails to teach or suggest that the wire is ever extended from the catheter to assume an expanded configuration. Accordingly, claim 29 and its dependent claims are neither anticipated by nor otherwise obvious over the Abrams et al. reference.

The other cited references do not disclose, teach, or suggest a locator wire including a distal region that assumes a shape in the expanded configuration that is flattened out when the sheath is advanced into an ostium, a feature that is wholly absent from the Abrams et al. reference. Therefore, claim 29 and its dependent claims are not obvious even if the other cited references could be properly combined with the Abrams et al. reference.

In view of the foregoing, it is submitted that the claims now presented in this application define patentable subject matter over the cited prior art. Accordingly, reconsideration and allowance of the application is requested.

Respectfully submitted,
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